

- (3) California Senate Bill no 1146 (Sept 22, 1994).
- (4) Uzych L. Genetic testing and exclusionary practices in the workplace. *Journal of public health policy* 1986; 7: 37-57.
- (5) Uzych L. Investigative reporting of genetic testing in the workplace. *Public health reports* 1984; 99, 3: 227.
- (6) Uzych L. Human genetics, bioethics, and the law. *Journal of the National Cancer Institute* 1992; 84: 127-128.
- (7) Uzych L. Genetic testing for children and adolescents. *Journal of the American Medical Association* 1995; 273, 14: 1089-1090.
- (8) Lehrman S. California law will prohibit genetic discrimination. *Nature* 1994; 371: 468.
- (9) Knoppers B M, Chadwick R. The human genome project: under an international ethical microscope. *Science* 1994; 265: 2035-2036.

LEO UZYCH
Medical Lawyer,
103 Canterbury Drive,
Wallingford, PA 19086, USA

Szasz and psychiatric abuse

SIR

Thomas Szasz exhorts us (1): 'Psychiatric abuse ... is related not to the misuse of psychiatric diagnoses, but to the political power intrinsic to the social role of the psychiatrist ... a scientific classification is not sufficient to protect from abuse ... the crucial issue is not subjectivity versus objectivity, but coercion versus co-operation, wielding power versus not wielding power ... the scientific or unscientific character of psychiatry has nothing to do with its abuse'. Dr Szasz then goes on to argue his usually brilliant case for institutionalized psychiatric power being the *caput Nili* of psychiatric abuse.

While I would not care to argue which is the more serious flaw, I think Dr Szasz could be construed with these statements to be denigrating the role which poor science, even pseudoscience, plays in propagating psychiatric abuse. After all, there are therapists practising 'past-lives therapy' and 'alien-abduction therapy'. A little less sensational but more damaging is the epidemic of 'repressed memories' of child abuse. The False Memory

Syndrome Foundation knows of ten thousand families that have been damaged by therapists using this concept. This tragedy has occurred despite the fact that there have been a number of reviews (2) of the concept of repression that conclude that its existence is based on a very shaky scientific foundation. These poorly founded hypotheses, and sometimes quackeries, I admit, are not unrelated to psychiatric power. It could be argued that the only reason therapists get away with it is because the psychiatric establishment, with which all therapists are at least loosely connected, has unassailable power to do most anything it wants. At least it was unassailable until Dr Szasz's devastating critiques. The fact, however, that psychiatry has clung to Freudian concepts despite a profound lack of scientific evidence points up the shoddy science problem in psychiatry as an independent cause of psychiatric abuse.

Let us imagine for a moment a Szaszian world in which psychiatry has been completely written off the law books. There is no such thing as a civil commitment or an insanity verdict. All therapy is contractual and autonomous; the prescription of drugs is left to 'medical doctors'. 'Mental illness' and diagnosis have been replaced by counselling for 'problems in living'. Psychiatrists have no more social influence than say, chemists. Will this result in the elimination of psychiatric abuse? The psychiatrist, still a scientist or expert of some sort (perhaps in interpersonal relationships), will still be suggesting solutions to the client's problem. Courts will still call upon them for expert testimony, just as they do criminologists, anthropologists, etc. Are these new world order psychiatrists going to make unfounded, if not ludicrous, assertions to their clients or to the courts? Any expert can cause serious problems by offering hairbrained advice. This is why we had a man imprisoned for years in San Diego after four-year-olds testified that he carved up an elephant and a giraffe in a church. Therapists testified that the children were credible.

Dr Szasz's admonition about diagnoses not being diseases continues to be penetrating and topical in this age of the Menendez brothers and similar court cases. But a diagnosis might be considered a *theory*. Multiple Personality Disorder, for instance, is a theory to explain an individual's quixotic behaviour. We can agree that it is not a disease but some other class

of phenomena even if it turns out to be essentially well founded, but being well founded is a matter of empirical test. The problem with MPD is two-fold: psychiatry has appropriated the alleged condition as another example of a 'mental illness', and it has never been subjected to adequate empirical testing. What would such a test look like? For openers, the patient would have to be questioned carefully, in the manner of a police investigator, to ensure that the individual tells a consistent story. Sybil should be easy to trip up, unless, of course, she is telling an accurate story.

Dr Szasz is correct, of course, in his warning that being scientific is not a guarantee of fairness. He gives us the example of slave owners classifying certain persons as Negroes. Dr Szasz says it was scientific but not fair. Other examples come to mind: Nazi Germany, and arguably Skinner's *Walden Two* society. It is a point well taken. In defence of science, however, I must point out that a simple colour classification such as the slave owners' system is not *very* scientific. Had they conferred with a real scientist, perhaps Mendel or Darwin, they might have seen that interbreeding and other factors make 'race' a more complicated issue than mere skin colour. The colour classification system was perhaps passably taxonomic, but it was driven mainly by mores.

To sum it up, while the thrust of Dr Szasz's argument about psychiatric power continues, in my view, to be an invaluable contribution, I think he should not slight the problem of substandard science in psychiatry.

References

- (1) Szasz T. Psychiatric diagnosis, psychiatric power, and psychiatric abuse. *Journal of medical ethics* 1994; 20: 135-138.
- (2) Holmes D. The evidence for repression: an examination of sixty years of research. In: Singer J L, ed. *Repression and dissociation*. Chicago: University of Chicago Press, 1990.

DR LOUIS G DAILY
Research and Information Analyst,
Co-ordinating Office for Drug and
Alcohol Programmes,
Philadelphia Department of Health,
8th Floor, ARA Towers,
11th and Market Sts,
Philadelphia, PA 19107, USA